

CHANGE IN SUPERVISION AND/OR PPE SETTING

PLEASE PRINT AND COMPLETE THE ENTIRE FORM:

1. Name of licensee: _____ License Number: _____

2. PPE SETTING:

School System: _____ Business Telephone Number: () _____

School Name(s) _____

Address: _____
Street City State Zip Code

Original Date of Beginning PPE: ____/____/____ If applicable, start date of New employment: ____/____/____

3. NEW SUPERVISION INFORMATION:

Supervisor Name: _____

Address: _____
Street City State Zip Code

Beginning Date of Supervision: ____/____/____

Place of Employment: _____

Telephone Number: Home () _____ Work () _____

Kentucky License Number: _____ Date Granted: _____ Expiration Date: _____

KY Teacher Certification No.: _____ Date Granted: _____

(NOTE: You must attach a copy of your Kentucky Teaching Certificate if you do not hold a current speech-language pathology license in Kentucky)

4. AGREEMENT TO PROVIDE SUPERVISION

I, _____, do hereby agree to provide supervision as required by KRS 334.035 (2) and as defined by 201 KAR 17:025 Section 2 and 201 KAR 17:027 for _____ to function as a speech-language pathology assistant.

I further agree to accept responsibility for the practice and activities of the above named individual in his/her capacity as a speech-language pathology assistant.

I acknowledge that the failure to utilize this person appropriately as a speech-language pathology assistant and to supervise in accordance with the above cited provisions of Chapter 334A of the Kentucky Revised Statutes and the administrative regulations promulgated thereunder, shall be considered as aiding and abetting an unlicensed person to practice speech-language pathology as described in KRS Chapter 334A.

SUPERVISOR'S SIGNATURE: _____ DATE: _____

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| I do hereby swear and affirm that the above information is true and correct to the best of my knowledge: | |
| Licensee Signature: | Date: |

